





COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES Saine Shies Commission 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records

1000/03,		
NAME AND	CONTACT INFORMATION	
Name Harris	Title Diece A	- Bureau A Parks ! hands
Department/Agency/Bureau/Division	Work Phor	on Bureau of Portes Flands. 1-496/
CONSELVATION	<u> </u>	7-496/
Mailing Address, City, ZIP	2	
22 SHS Hugesta MA	e 0433\$	
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY AND)THER
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation of \$1,000 c	or more. Specify the principal type of
None	1723-1179-1225-1444-1444-1444-1444-1444-1444-1444	290 days days 200 am dein shift (200 am dein 200 days 200 days and 100 days 200 days and 100 days 200
Name of Employer	Address	Principal Type of Economic Activity of Employer
		A CONTRACTOR OF THE PROPERTY O
ı		
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.		
None		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
Name:		en e
Address:		

PART 2 (continued). INCOME DERIVED I	FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that whichever is greater, and specify the principal type of economic activity of the form of disclosure is prohibited by law, rule, or an established code of proactivity of the entity or person from whom the income was derived.	enfity or person from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES	S OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this f box.	form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Address:	
Name:	
Address:	
valence i i vi i ne valence i vi i valence vi i i selección de la	
PART 4. REPORTABLE I	aggine un angressy taming 1900 - Partings new Partings Arthur Partin Lead Antonomic Land Commission and Carbona
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liabilities made as campaign contributions, or business loans from regulated financial in	, or educational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABL	LE GIFTS
List the specific source of gifts received during the reporting period with an ag	
₩ None	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2 . 4.	

	REPORTABLE HONORARIA
List the source of any honoraria accepted for appearance	es or speeches related to your official capacity or duties. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 7. REPRESI	ENTATION BEFORE STATE AGENCIES
List each executive branch agency before which you compensation of any amount other than your official sal none, check the box.	u or a member of your immediate family represented or assisted others for alary. Indicate whether you or a family member appeared before the agency.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
us Maragai salah Masakata ki ini kata dalah tatan 1996 samawan Alabaha Pikana dikebahasah katan dalah taka tab	ISINESS WITH STATE AGENCIES
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you	ember of your immediate family sold goods or services with a value in excess or a family member sold the goods or services. If none, check the box.
☑ None	
Name of Agency	Name of Agency
1.	Billiodia (Billion 1977 (Billion 4 in 10 10 11 11 11 11 11 11 11 11 11 11 11
2.	4.
,	
DARTO INCOME PECEI	IVED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the k	rce of income of \$1,000 or more received by your spouse or domestic partner of kind of income represented. If your spouse or domestic partner received \$1,00 t only the job title of dependent children who received income of \$1,000 or more
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income
	1 Stata Emale as I 1 Salar
Name: BOARIE HARRIS	1. State Employment - 1. Salary 2. Dept of Corrections 2.
Name: Bonnie HARRIS Job Title: Personnel Manager	3. 3.
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Tifle:	

		FICER OR DIRECTOR			
hold any office	fit or nonprofit corporation, firm, association trusteeship, directorship, or position of any ensated. If a family member listed, indicate	z nature. Indicate wnetne	er you or a fainly ner	u ule position and wife	ether the posi-
					n November (1888) and the second
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
e, e., e., e., e., e., e., e., e., e., e					
			· : :		
and the second s	$= - \frac{1}{2} \left(\frac{1}{$	tt andra de anno an antiqui parte de partir a de antiqui de antiqu	and the temporary of th	, as , managainey// ; ji mahadada, ji ya ka sumun a saman da ka ji	rs their Sparts beginning by beindind Sparty Spiggers the Spiggers themse are
		cl deliconomic del	t e tre stembe	reconstitution of the second	
			Homos (Phys ^e)	Access on the second of the se	
nee aan been goog oo aan aan ah	ay ong samulah samanan kalalah kang sampah kahalah kalalah lililili kang kang saman at makalilik samah saman sa	West Till A. Die, D. Lee State of the Control of th	SELECTION OF THE SELECT	TO A COMMAND AND VALUE OF THE PROPERTY OF THE	graphediscolorist and Associated States and makes Absociated Million (Associated Absociated Absocia
		nakaod malakka		x ib _m loggia (93)	
		Ameterote	V	hadid pyrioes	
		N. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1			A A MARIE A A A A A A A A A A A A A A A A A A A
avago, kaj konsiggosinis		SIGNATURE			
			1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1	
I affirm that the	e contents of this report are true, comp	olete and accurate to tr	te best of my know	leage.	
				, /	
	Signature		4/3		
- WA	Signature			Daté	
	Unswor	n falsification is a Class I	D crime.		
	ADI				
		DITIONAL INFORMAT			
Please provid	le any additional information below (ar on you are providing. Use additional pa	nd on additional sheets ages, if necessary.	s if needed). Indica	ate the part or section	on number for
	And the providing of th	and the state of t	one com a suppression and a contract of the co	manne paga para a sa a cara a sa Escamina digita di a sa	han photographic and a second of a special second s
Part/Section			A.		
Number					
	in de la commencia de la companya de la companya de la companya mananta de la companya menerale de la companya La companya de la companya de la companya de la companya de la companya menerale de la companya menerale de la		·		